| PATENT APPLIC | CATION FEE           | DETERMINATION | RECORD |
|---------------|----------------------|---------------|--------|
|               | <b>Effective Oct</b> | lober 1, 2000 |        |

**Application or Docket Number** 

05866530

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY  |   |   |              |                               |                      |                  |          |           |                        |          |            |                        |
|--|---|---|--------------|-------------------------------|----------------------|------------------|----------|-----------|------------------------|----------|------------|------------------------|
| TOTAL CLAIMS   |   | 1   |              |                               |                      | 1                | RATE     | FEE       |                        | RATE     | FEE        |                        |
| FOR  |   |   | NUMBER FILED |                               | NUMBER EXTRA         |                  | 1        | BASIC FEE | 355.00                 | OR       | BASIC FEE  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | // minus 20= |                               | •                    |                  |          | X\$ 9=    |                        | OR       | X\$18=     |                        |
| INDEPENDENT CLAIMS   |   |   | minus 3 =    |                               | •                    |                  |          | X40=      |                        | OR       | X80=       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |              |                               |                      |                  |          | +135=     |                        |          | +270=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |              |                               |                      | olumn 2          |          | TOTAL     | 73                     | OR<br>OR | TOTAL      |                        |
| // CLAIMS AS AMENDED - PART II   |   |   |              |                               |                      |                  |          | IOIAL     | 610                    | JOH      | OTHER      | THAN                   |
| <u> </u>   |   |   |              |                               | mn 2)<br>IEST        | (Column 3)       |          | SMALL     | ENTITY                 | OR       | SMALL      |                        |
| AMENDMENT A  | (   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| NON  | Total   | · /1                                      | Minus        | <b></b> 2                     | 0                    | =                | ] [      | X\$ 9=    |                        | OR       | X\$18=     |                        |
| AME  | Independent   | • /<br>NTATION OF MI                      | Minus        |                               |                      | <u> -</u>        |          | X40=      |                        | OR       | X80=       |                        |
| ╙  | FINOT PRESE   | NIATION OF MI                             | JETIPLE DEF  | ENDEN                         | CLAIM                |                  | <b>,</b> | +135=     |                        | OR       | +270=      |                        |
|  |   |   |              |                               |                      |                  | L        | TOTAL     | 355                    |          | TOTAL      |                        |
| ADDIT. FEE 35 S OH ADDIT. FEE (Column 1) (Column 2) (Column 3)   |   |   |              |                               |                      |                  |          |           |                        |          |            |                        |
| AMENDMENT B  | •   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total   | •   | Minus        | ••                            |                      | =                |          | X\$ 9=    |                        | OR       | X\$18=     |                        |
| AME  | Independent   | •   | Minus        | ***                           |                      | =                | 11       | X40=      |                        | OR       | X80=       |                        |
| L  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEF  | PENDENT                       | CLAIM                |                  | ┚┞       | +135=     |                        |          | +270=      |                        |
|  |   |   |              |                               |                      |                  | ı,       | TOTAL     |                        | OR       | TOTAL      |                        |
|  |   | (Column 1)                                |              | (Colur                        | mn 21                | (Column 3)       |          | ODIT. FEE |                        | OR       | ADDIT. FEE |                        |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total   | •   | Minus        | **                            |                      | =                | ] [      | X\$ 9=    | -                      | OR       | X\$18=     |                        |
| AME  | Independent   | •<br>NTATION OF MI                        | Minus        | ***                           |                      |                  | ┧┟       | X40=      |                        | OR       | X80=       |                        |
| _  | FIRST PRESE   | NIATION OF MI                             | JUIPLE DEI   | ENDEN                         | CLAIM                |                  | ┙┟       | +135=     |                        |          | +270=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20"  OR TOTAL |   |   |              |                               |                      |                  |          |           |                        |          |            |                        |
|  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                      |                  |          |           |                        |          |            |                        |